

**UNITED STATES TRUSTEE  
WESTERN DISTRICT OF OKLAHOMA**

**GUIDELINES FOR CHAPTER 11 DEBTORS-IN-POSSESSION**

**These guidelines have been promulgated by the United States Trustee pursuant to his statutory duty to administer bankruptcy cases. Failure to abide by these guidelines will result in the United States Trustee filing appropriate motions with the Court.**

**Federal Law provides severe criminal penalties for bankruptcy crimes, which include bribery, concealment of assets, false statements, false claims, filing under a fictitious name and perjury. Title 18, United States Code 152, provides penalties of up to 5 years imprisonment or a fine of not more than \$5,000 or both.**

**Joel Pelofsky  
UNITED STATES TRUSTEE**

**Herbert M. Graves  
ASST. UNITED STATES TRUSTEE**

OFFICE OF THE UNITED STATES TRUSTEE  
WESTERN DISTRICT OF OKLAHOMA  
REPORTING GUIDELINES

1. GENERAL REQUIREMENTS

- A. The debtor is required to comply in all respects with the Bankruptcy Code and the Bankruptcy Rules.
- B. The debtor must pay all obligations arising after the filing of the petition ("post petition") in full when due. This includes not only general business expenses, but all post-petition obligations including but not limited to:
  - 1. wages
  - 2. FICA, both employees' and employers' share
  - 3. Tax withheld from wages
  - 4. All other taxes
  - 5. United States Trustee disbursement fees
- C. The debtor may not pay pre-petition obligations except as allowed by the Bankruptcy Code or by order of the Court.
- D. The debtor shall file all federal, state and local tax returns when due, or shall procure an extension from the appropriate taxing authority, unless otherwise provided by the Bankruptcy Code or by order of the Court. Debtor shall transmit a copy to the United States Trustee of all income tax returns, franchise tax returns (if corporation) or extensions filed during the pendency of the case.
- E. Notices and copies of pleading must be sent to the United States Trustee as required by Bankruptcy Rule 2002(k).

2. BANK ACCOUNTS - USE OF AUTHORIZED DEPOSITORY

- A. The debtor must immediately establish "debtor-in-possession" bank account(s). **The debtor is to close pre petition accounts** and open new accounts in a depository which has agreed to comply with Sec. 345 of the Bankruptcy Code and to comply with reporting requirements of the United States Trustee ( per attached Appendix B). All accounts used during the pendency of the case must be established in this manner.

- B. The debtor shall deposit all receipts and make all disbursements through these account(s). Any funds in excess of that required for current operations shall be maintained in an interest-bearing account.
- C. Estate funds must be deposited in a bank which has agreed, or will agree, to provide reports to the United States Trustee. Appendix A is a list of banks that have previously agreed to both provide reports to the United States Trustee and to collateralize debtors funds as may be required. Appendix B is the Chapter 11 authorized depository agreement to be executed and returned to the United States Trustee should the debtor select a bank not listed on Appendix A. If reporting is not consistent with the requirements or if necessary collateral is not pledged, the United States Trustee will request that the bankruptcy estate's funds be moved to a complying institution.

3. INSURANCE REQUIREMENTS

- A. All debtors must maintain insurance as set forth below and make premium payments thereon when due.
- B. Unless the United States Trustee otherwise directs, the following types of insurance must be maintained.
  - 1. Casualty insurance - to cover tangible assets susceptible to casualty loss (fire, theft, vandalism, etc.)
  - 2. Workers' compensation insurance - if the debtor has employees
  - 3. General liability - if the debtor conducts business operations
  - 4. Product liability insurance - if appropriate
- C. Insurance coverage must be verified as set forth in paragraph D4 of the initial report instruction page.

4. INITIAL FILING REQUIREMENTS

- A. The debtor must comply fully with FRBP 1007 and the local rules of the Western District of Oklahoma. These rules requires the debtor to file schedules, a statement of financial affairs and other documents with the Clerk of the Court. Failure to file required documents or pleadings or to obtain an order granting extension of time to file may result in the filing of a motion to dismiss or convert debtor's case.

- B. Pursuant to FRBP 1007(d), the debtor must file with the petition a list containing the name, address, phone number and amount of claim of debtor's twenty largest unsecured creditors. This list should not contain the names of any creditors who are "insiders" as that term is defined in Section 101(31) of the Bankruptcy Code.
- C. The Initial Financial Report and Affidavit, a copy which is attached, must be attached and filed with the Court and a copy transmitted to the UST office within fifteen (15) days of the date of filing. All items must be completed and the information requested furnished to this office. See instruction page for "Initial Report" enclosed for instructions.

5. CREDITORS MEETINGS

- A. Section 341 of the Bankruptcy Code requires a meeting of creditors in each case. A notice of the meeting containing the date and time of the first meeting of creditors is sent to all creditors.
- B. A representative of the debtor as well as debtor's counsel, are required to attend. The debtor's representative must be someone knowledgeable about the debtor's affairs and able to act for the debtor. If a joint petition is filed, both debtors are required to attend.

6. MONTHLY OPERATING REPORTS

- A. Every debtor must file monthly operating reports, under penalty of perjury, with the Court **and transmit a copy to the United States Trustee office** pursuant to FRBP 2015.
- B. The report must be signed by the debtor(s), if an individual(s), by an officer, if the debtor is a corporation or a general partner, if the debtor is a partnership.
- C. The report and attached statements are due for each calendar month period from the date of the filing of the petition (first report will normally be for a short period) until the case is dismissed, converted or a plan is confirmed. The report is due the 15th of the month following the reporting period. (i.e. the June report is due July 15th)
- D. The report must be prepared in accordance with generally accepted accounting principles. The enclosed format is to be utilized in filing monthly operating reports unless prior written approval is obtained from this office.

- E. The quarterly fees report is to be submitted quarterly. All other reports are done monthly.
- F. The standard monthly operating report will consist of the following information: (1) monthly report cover sheet; (2) monthly reporting affidavit; (3) income statement; (4) receipts and disbursements statement; (5) list of disbursements; (6) bank reconciliation(s); (7) copy of bank statement(s); (8) statement of aged accounts receivable; (9) statement of aged post petition accounts payable; and (10) IRS Form 6123 (Verification of Fiduciary's Federal Tax Deposit) or copy of tax deposit receipt when necessary and applicable state reporting form or proof.
- G. See attached monthly operating report format for further details and requirements along with a format to use.

7. COMPENSATION

Compensation and/or other benefits (e.g. use of automobile, insurance, meals, etc.) Paid from the assets of the estate to the debtor; or if a partnership, to any of the partners; or if a corporation, to any officer, director or stockholder thereof, from the time of the filing of the petition until confirmation of a plan, must be reported to the United States Trustee and creditors' committee.

8. CHANGES OR INTERRUPTIONS IN BUSINESS OPERATIONS

Any changes or interruptions in normal business operations must be immediately reported to the United States Trustee and the creditors' committee.

9. QUARTERLY FEES

SEE ATTACHED YELLOW SHEETS FOR FURTHER INFORMATION

10. TAXES

Copies of all tax returns filed post-petition must be provided to the United States Trustee within ten (10) days of filing. The debtor, by the 15th of each month must submit to the Internal Revenue Service Form 6123, Verification of Fiduciary's Federal Tax Deposit, for each previous month. You must send Form 6123 to: Internal Revenue Service, Special Procedures Staff, 55 N. Robinson, Stop 5024, Oklahoma City, Oklahoma 73102 and provide the United States Trustee with a copy. A sample form is enclosed for your convenience.

INITIAL REPORT  
INSTRUCTION PAGE

This page is Debtor's information and instruction and should not be filed.

**Items to be included in the Initial Report:**

- A. Initial Report Cover Page with declaration (Form provided);
- B. A copy of the Debtor's Balance Sheet as of the date of the Order for Relief; (Label as Exhibit "1") (See note below)
- C. A copy of the Debtor's Income Statement for the thirty (30) day period immediately preceding the Order for Relief; (Label as Exhibit "2") (See note below)
- D. Statement concerning insurance:
  - 1. Is worker's compensation insurance in effect? (Attach copy of certificate of insurance or binder.)
  - 2. Are other insurance policies (i.e. fire, liability, etc.) In effect? (Attach copy of policy face page or binder.)
  - 3. Give expiration dates of policies.
  - 4. Are all insurance payments current? If not, give status. (Form provided as Exhibit "3".)
- E. Statement concerning taxes:

Are post-petition federal and state withholding and payroll taxes current? List any delinquencies. (Form provided as Exhibit "3".)
- F. Provide a statement concerning use of cash collateral, which, at least, incorporate the following:
  - 1. Will cash collateral be necessary to fund Debtor's post-petition operations?
  - 2. Has Debtor filed any request for use of cash collateral under 11 U.S.C. § 363 or § 364. (Form provided as Exhibit "3".)
- G. Provide a four (4) month projection from operations for period following the date of Order for Relief. (Form provided as Exhibit "4".);

- H. Execute and attach Designation and Acceptance of individual responsible for discharging Debtor's duties. (Form provided as Exhibit "5".);
- I. Execute and attach Designation and Acceptance of individual responsible for preparation of financial reports for Debtor-in-Possession. (Form provided as Exhibit "6".);
- J. Execute and attach receipt and certification concerning operating requirements (Form provided as Exhibit "7".);
- K. Attach Debtor's § 345 Bank Account certificate. (Form provided as Exhibit "8".)

**NOTE: For items "B" and "C"** - You may use the Balance Sheet and Income Statement forms provided at Exhibit's "A" and "E" in the Monthly Operating Report Packet or, the debtor may use their pre-bankruptcy accounting formats for the items "B" and "C" in the Initial Report. If at a minimum, the financial statements are prepared in accordance with generally accepted accounting principles. (However, the debtor must have written approval from the United States Trustee office to use pre-bankruptcy accounting formats for the Monthly Operating Reports. See Monthly Operating Affidavit item 6.(1)).

IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
WESTERN DISTRICT OF OKLAHOMA

In Re:

Debtor(s)

Bankruptcy No:  
Chapter 11

I N I T I A L   R E P O R T

COMES NOW, \_\_\_\_\_,  
Debtor-in-Possession, and hereby submits its Initial Report as  
shown by the attached Exhibits consisting of \_\_\_\_\_ pages and  
containing the following, as indicated:

\_\_\_\_\_ Balance Sheet as of the date of the Order for  
Relief. Exhibit "1".

\_\_\_\_\_ Income Statement for the thirty (30) day  
period immediately preceding the date of the  
Order for Relief. Exhibit "2".

\_\_\_\_\_ Insurance, Tax and Cash Collateral Statements.  
Exhibit "3".

\_\_\_\_\_ Four(4) month projections from operations.  
Exhibit "4".

\_\_\_\_\_ Designation of individual responsible for  
discharging Debtor's duties. Exhibit "5".

\_\_\_\_\_ Designation of individual responsible for  
Financial Reports. Exhibit "6".

\_\_\_\_\_ Receipt and certificate concerning operating  
requirements. Exhibit "7".

\_\_\_\_\_ Debtor's Section 345 Bank Account Certificate.  
Exhibit "8".

I DECLARE UNDER PENALTY OF PERJURY THAT THIS REPORT AND  
ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE  
AND BELIEF.

DEBTOR-IN-POSSESSION

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_



EXHIBIT "3"

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER 11

STATEMENT CONCERNING INSURANCE, TAXES  
AND USE OF CASH COLLATERAL

I. INSURANCE

- A. Insurance is in effect and payments are current for coverage as indicated.

	<u>TYPE INSURANCE</u>	<u>POLICY EXPIRATION DATE</u>
_____	Workers' Compensation	_____
_____	Unemployment Insurance	_____
_____	Casualty	_____
_____	Liability	_____
_____	Other	_____

Attached hereto are Certificates of Insurance or other proof of insurance for the above.

II. TAXES

- A. Post-petition federal and state withholding and payroll taxes are/are not current. \_\_\_\_\_

- B. Delinquencies, if any, are as follows:

FICA/MED	_____
Federal Withholding	_____
State Withholding	_____
Unemployment taxes	_____

III. CASH COLLATERAL (Attach Statement)

- A. Cash collateral will/will not be necessary to fund Debtor's post-petition operations.
- B. Debtor has/has not filed a request for use of cash collateral under 11 U.S.C. Sections 363 or 364.

## EXHIBIT "4"

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER 11

FOUR MONTH INCOME AND EXPENSE PROJECTION

	<u>(MONTH)</u>	<u>(MONTH)</u>	<u>(MONTH)</u>	<u>(MONTH)</u>
<u>INCOME FROM OPERATIONS</u>				
(Indicate source categories, i.e., rent, sales, service, etc.)				
1.				
2.				
3.				
(SUBTOTAL)	_____	_____	_____	_____
<u>TOTAL INCOME</u>	_____	_____	_____	_____
<u>EXPENSES</u>				
Cost of Goods Sold				
Salaries				
Taxes				
Insurance				
Rent				
Other (Itemize)				
1.				
2.				
3.				
4.				
(SUBTOTAL)	_____	_____	_____	_____
<u>TOTAL EXPENSES</u>	_____	_____	_____	_____
<u>PROJECTED NET INCOME</u>				
<u>&lt;LOSS&gt; FROM OPERATIONS</u>	_____	_____	_____	_____

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "5"

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER 11

DESIGNATION AND ACCEPTANCE OF INDIVIDUAL  
RESPONSIBLE FOR DISCHARGING DEBTOR'S DUTIES

The Debtor-in-Possession in the above and foregoing case hereby designates \_\_\_\_\_, as provided under Bankruptcy Rule 9001(5) as the individual responsible for discharging the duties of the Debtor under 11 U.S.C section 1107 and as may be required by the Court or the United States Trustee.

DEBTOR-IN-POSSESSION

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "6"

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER 11

DESIGNATION AND ACCEPTANCE OF INDIVIDUAL RESPONSIBLE FOR  
PREPARATION OF FINANCIAL REPORTS FOR DEBTOR-IN-POSSESSION

The Debtor-in-Possession in the above and foregoing case hereby designates \_\_\_\_\_, as the individual responsible for the preparation of all financial reports as required by the Court or the United States Trustee. Should this individual cease to be responsible for the preparation of these reports, the Debtor-in-Possession will promptly designate the new responsible individual in the same form and manner as expressed by this designation and acceptance.

DEBTOR-IN-POSSESSION

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

RESPONSIBLE INDIVIDUAL

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "7"

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER 11

RECEIPT AND CERTIFICATION CONCERNING OPERATING REQUIREMENTS

The undersigned representative responsible for discharging the duties of the Debtor in the above and foregoing case acknowledges receipt from the United States Trustee of his operating requirements. The undersigned hereby certifies that he or she has read and understood the contents herein, and agrees to operate the Debtor's business and file reports in accordance with said requirements.

DEBTOR-IN-POSSESSION

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Debtor's Representative

The undersigned as counsel for the Debtor has read and reviewed with the Debtor the above referenced operating instructions and reporting requirements.

\_\_\_\_\_  
Counsel for Debtor

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "8"

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER 11

DEBTOR'S SECTION 345 CERTIFICATE

See Guidelines for Additional Information

The following information reflects a true and accurate accounting of the Debtor's bank accounts and other cash deposits in any form with any institution. I understand that is it the Debtor-in-Possession's responsibility to comply with 11 U.S.C. section 345 so that all funds of the estate are fully insured at all times and I understand three (3) separate "Debtor-in-Possession" accounts are to be maintained, a GENERAL ACCOUNT, PAYROLL ACCOUNT and TAX ACCOUNT.

**OLD BANK ACCOUNT INFORMATION** - The following information represents the account balances of all cash deposits as of the date of the Order of Relief. (Pre-Petition bank accounts)

<u>BANKING INSTITUTION</u>	<u>ACCOUNT NUMBER</u>	<u>BALANCE AS OF FILING</u>
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**NEW BANK ACCOUNT INFORMATION** - The following information represents the Debtor in Possession bank accounts established post petition. (Post-Petition bank accounts)

<u>BANKING INSTITUTION</u>	<u>ACCOUNT NUMBER</u>	<u>BALANCE AS OF CURRENT DATE</u>
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(ATTACH TO DEBTOR'S INITIAL REPORT)

DEBTOR INFORMATION SHEET

ONLY TO BE SUBMITTED IF SCHEDULES AND STATEMENT OF  
AFFAIRS NOT FILED WITH PETITION

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**A. BUSINESS INFORMATION:**

NAME: \_\_\_\_\_

aka/dba: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIBE BUSINESS OF DEBTOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ DATE STARTED/INC. \_\_\_\_\_

CORPORATE OFFICERS \_\_\_\_\_ PARTNERS \_\_\_\_\_ OR SOLE PROPRIETORSHIP \_\_\_\_\_

NAME	TITLE	% OWNERSHIP	SALARY (LAST 12 MONTH)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONDITIONS WHICH CAUSED THE CHAPTER 11 PETITION TO BE FILED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSED PLAN OF REORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. FINANCIAL CONDITION AS OF FILING DATE**

(ESTIMATES ARE ACCEPTABLE)

CASH \$ \_\_\_\_\_ INVENTORY: \_\_\_\_\_

A/R (TOTAL): \_\_\_\_\_ AMOUNT UNCOLLECTIBLE: \_\_\_\_\_

FIXTURES AND EQUIPMENT: \_\_\_\_\_ VEHICLES: \_\_\_\_\_

REAL ESTATE (INCLUDING RENTAL PROPERTY):

	LOCATION/DESCRIPTION	VALUE	DEBT	LIEN HOLDER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

ACCOUNTS/NOTES RECEIVABLE FROM OFFICERS: \_\_\_\_\_

ACCOUNTS/NOTES PAYABLE TO OFFICERS: \_\_\_\_\_

OTHER SIGNIFICANT ASSETS: (DESCRIBE)

1.	_____	AMOUNT: _____
2.	_____	AMOUNT: _____

**C. CURRENT LIABILITIES**

		<u>AMOUNT IN ARREARS</u>
1.	SECURED DEBT \$ _____	_____
2.	TRADE DEBT \$ _____	_____
3.	EMPLOYEES \$ _____	_____
4.	TAXES \$ _____	_____
5.	RENT \$ _____	_____
6.	OTHER \$ _____	_____



**D. TAXES OWED**

	<u>TAXING AUTHORITY</u>	<u>AMOUNT</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**E. SECURED DEBTS**

(OTHER THAN REAL ESTATE)

	<u>SECURED PARTY</u>	<u>AMOUNT</u>	<u>COLLATERAL</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**F. OTHER DEBTS**

(INCLUDE CONTINGENT OBLIGATIONS)

	<u>OWED TO</u>	<u>AMOUNT</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**G. BANK ACCOUNTS**

<u>NAME OF BANK &amp; ADDRESS</u>	<u>ACCOUNT #</u>	<u>AMOUNT ON DEPOSIT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**H. ADDITION INFORMATION REQUIRED (RENTAL PROPERTY ONLY)**

ADDRESS OF RENTAL PROPERTY (STREET/CITY): \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_ OCCUPANCY RATE: \_\_\_\_\_ RENT RANGE: \_\_\_\_\_

NAME OF MANAGEMENT COMPANY: \_\_\_\_\_

REPRESENTATIVE OF MANAGEMENT COMPANY: \_\_\_\_\_

MGMT CO. FEE: \_\_\_\_\_ % \_\_\_\_\_ OF RENTS OR \$ \_\_\_\_\_ FIXED AMOUNT

IS MGMT COMPANY RESPONSIBLE FOR SALARIES OF ALL EMPLOYEES? \_\_\_\_\_

IF NOT, LIST EXCEPTIONS: \_\_\_\_\_

IS MGMT COMPANY RELATED TO DEBTOR IN ANY MANNER? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

DOES MGMT COMPANY OPERATE ANY OTHER PROPERTIES CURRENTLY IN ANY  
OTHER BANKRUPTCY PROCEEDINGS? \_\_\_\_\_

IF YES, PLEASE LIST \_\_\_\_\_

ADDITIONAL COMMENTS OR INFORMATION REGARDING RENTAL PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS OF OTHER INFORMATION CONTINUED FROM ABOVE ITEMS:**

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**APPLICATION TO BECOME A CHAPTER 11 AUTHORIZED DEPOSITORY  
RECOGNIZED BY THE OFFICE OF THE UNITED STATES TRUSTEE  
FOR THE WESTERN DISTRICT OF OKLAHOMA**

For a financial institution to become an authorized depository recognized by the Office of the United States Trustee to accept funds from debtors-in-possession or chapter 11 trustees, the institution must affirm in writing to the United States Trustee that it will:

1. Report monthly to the Office of the United States Trustee each currently open bankruptcy account in that institution. The report should be sent to:

Office of the United States Trustee  
215 Dean A. McGee, Fourth Floor  
Oklahoma City, OK 73102

The report should state the debtor-in-possession's name or, if applicable, the chapter 11 trustee's name and debtor's name, and must include: the case number; the taxpayer identification number; the account type; and the current account balance. The report should also include the total amounts of securities pledged to the United States Trustee for all accounts. All accounts are to be reported including checking, savings, certificates of deposit and investment accounts.

2. Provide monthly bank statements to the debtor-in-possession or chapter 11 trustee in whose name the account is opened.

3. Deposit with a Federal Reserve Bank securities of the kind specified in Section 9303 of Title 31 of the United States Code in the amount by which each account exceeds FDIC insurance limits. When these securities are deposited, a copy of the Federal Reserve document evidencing the deposit must be sent to this office. The deposit of securities shall be held in a circular 154 account, pledged to the United States Trustee. Treasury bills or notes are the required collateral. Release of any collateral shall be upon request to the United States Trustee or its designee and upon proof the collateral is no longer necessary because funds do not exceed insurance limits or replacement collateral is being immediately substituted.

4. In chapter 11 bankruptcy cases where the debtor is a "debtor-in-possession" checks and statements must be imprinted with the phrase "Debtor-in-Possession Case No. \_\_\_\_\_". By way of example, a "debtor-in-possession" account should be titled in the following manner:

Estate of XYZ Corporation  
Debtor-in-Possession Case No. \_\_\_\_\_  
101 Main Street  
Anywhere, USA 00000

5. In chapter 11 cases where a trustee has been appointed, checks and statements must be imprinted with the name of the debtor followed by the name of the trustee and the case number. By way of example, a chapter 11 trustee account should be titled in the following manner:

Estate of ABC, Inc.  
Case No. \_\_\_\_\_  
Jane Doe, Trustee  
101 Main Street  
Anywhere, USA 00000

6. Allow deposits by the debtor-in-possession or chapter 11 trustee only in accounts insured by the FDIC.
7. Designate an executive officer who shall be responsible for compliance with these requirements, and who debtors-in-possession or chapter 11 trustees can contact when opening new accounts. The Office of the United States Trustee shall be notified in writing should this designation change.

We understand that failure to comply with these requirements may result in the removal of bankruptcy deposits and withdrawal of our status as a chapter 11 authorized depository without further notice.

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

BY \_\_\_\_\_  
SIGNATURE OF OFFICER

\_\_\_\_\_  
TITLE

Name of individual at institution who is responsible for compliance and who the debtor-in-possession or chapter 11 trustee should contact when opening an account.

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME (TYPE OR PRINT)

\_\_\_\_\_  
TITLE  
\_\_\_\_\_

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

**In re:**

**Case No.**  
**Chapter 11**

FOR MONTH OF \_\_\_\_\_, 19\_\_

**NOTE:** This Report and attached Statements are due for each calendar month period from time of filing petition (first report will be for a short period) until the case is dismissed, converted or a plan is confirmed. The report is due the 15th of the month following the reporting period. (ie. the January report is due February 15th)

CASE NAME: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**MONTHLY REPORTING AFFIDAVIT**

For Month of \_\_\_\_\_, 199\_\_

1. Provide the following information regarding salaries/wages paid/due.

GROSS amount of executive salaries paid		
Name	Title	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

GROSS amount of other wages paid \_\_\_\_\_

Were any wages/salaries due but not paid for this current month? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, provide the employee's name and title and amount due on separate page.

For sole proprietors or partnerships; provide amount of owners or partners draws of any form. \_\_\_\_\_

2. Provide the following information regarding taxes paid/due.

Are all post-petition federal and state taxes paid or deposited for the period? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide dollar detail of taxes for this period.

Type of tax	Amounts OWED for Month	Amounts PAID in current report Month
	AMOUNTS	AMOUNTS
Federal withholding	_____	_____
FICA withholding	_____	_____
Employer's FICA	_____	_____
State withholding	_____	_____
Sales tax	_____	_____
Other taxes (Describe)	_____	_____

Attach photocopies of IRS Form 6123 or receipt of tax deposit and similar receipt/form for state taxing authorities to verify state deposits or payments.

CASE NAME: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

CHAPTER 11  
MONTHLY REPORTING AFFIDAVIT

For month of \_\_\_\_\_, 19\_\_\_\_

3. Does all insurance coverage remain in effect? YES \_\_\_\_\_ NO \_\_\_\_\_  
Type Carrier Policy # Exp. Date

Property damage \_\_\_\_\_

Liability \_\_\_\_\_

Workers' compensation \_\_\_\_\_

Other \_\_\_\_\_

4. Do all required licenses remain in effect? YES \_\_\_\_\_ NO \_\_\_\_\_  
Description Renewal date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. FOR CORPORATE DEBTORS: Is the corporate charter in good standing? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, comment below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. PROFESSION FEES PAID: YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, comment below:

	AMOUNT	AGE	PAYMENT DATE
Attorneys fees	_____	_____	_____
Other professional fees:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



CASE NAME: \_\_\_\_\_  
CASE NO. : \_\_\_\_\_

CHAPTER 11  
MONTHLY REPORTING AFFIDAVIT

For month of \_\_\_\_\_, 19\_\_\_\_

7. Check [X] to indicate which of the following forms are attached:

	EXHIBIT
-Income statement:	"A" _____
-Receipts and Disbursements Summary (Summary for each bank account)	"B" _____
-Cash Disbursements listing:	"C" _____
-Copy of bank reconciliation & statement(s):	"D" _____
-Balance Sheet:	"E" _____
-Statement of Aged Accounts Receivable:	"F" _____
-Statement of Aged Post Petition Accounts and Taxes Payable	"G" _____
-Receipts and Disbursements (Individual Only)	"H" _____
-Copy of Chapter 11 Quarterly Fee Payment Report (include for the last month of the quarter which the fee is calculated)	"I" _____
-IRS Form 6123 or copy of tax deposit receipt	"J" _____
-Other Information Required/Requested	" " _____

1 Upon written approval by the office of the U.S.T., debtors may use their pre-bankruptcy accounting formats for the above; If at a minimum, the information contained in the attached U.S.T. sample forms are provided. Statements must be prepared in accordance with generally accepted accounting principles.

I(we) declare under penalty of perjury that this Report and attached Statements are true and correct to the best of my (our) knowledge and belief.

DATED: \_\_\_\_\_ DEBTOR: \_\_\_\_\_ \*

CO-DEBTOR: \_\_\_\_\_ \*\*

\* This report must be signed by an individual having sufficient knowledge of the facts to make a truthful and full statement.

\*\* If this is a joint petition, both husband and wife must sign.

CASE NAME: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**INCOME STATEMENT (EXHIBIT "A")**  
For Month of \_\_\_\_\_, 19\_\_

	<u>CURRENT MONTH</u>	<u>POST-PETITION TOTAL TO-DATE</u>
Gross Sales	_____	_____
Less: Returns and allowances	_____	_____
Net Sales	_____	_____
Cost of Good Sold		
Beginning Inventory (a)	_____	_____
Plus: Purchases (b)	_____	_____
Total Goods Available (a)+(b)	_____	_____
Less: Ending Inventory (c)	_____	_____
Total Cost of Goods Sold (a)+(b)-(c)	_____	_____
Other Income (itemize)	_____	_____
Expenses:		
Wages	_____	_____
Insurance	_____	_____
Interest Expense	_____	_____
Rent	_____	_____
Payroll Taxes	_____	_____
Professional Fees (not included below)	_____	_____
Other Taxes	_____	_____
Personal expenses (attach detail)	_____	_____
Total Expenses	_____	_____
Net Income/(Loss) before depreciation, extraordinary items, and reorganization items	_____	_____
Depreciation/amortization expense	_____	_____
Extraordinary items (itemize)	_____	_____
_____	_____	_____
_____	_____	_____
Total Depreciation and Extraordinary	_____	_____
Reorganization Items:		
Professional fees (i.e. attorney, accountant, appraiser, etc.)	_____	_____
Court and other reorg. expense	_____	_____
UST Quarterly fee	_____	_____
Total Reorganization Expense	_____	_____
Net Income/(Loss)	=====	=====

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**RECEIPTS AND DISBURSEMENTS SUMMARY (EXHIBIT "B")**

For month of \_\_\_\_\_, 199\_\_

Operating Account No. \_\_\_\_\_

- |    |  |       |          |
|----|--|-------|----------|
| 1. | BEGINNING checkbook balance            |       | \$ _____ |
| 2. | Cash receipts for the month            |       |          |
|    | Collection of accounts receivable      | _____ |          |
|    | Cash sales                             | _____ |          |
|    | Transfers from other Accounts          | _____ |          |
|    | Other (interest, dividends, gifts)     | _____ |          |
|    | _____                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | TOTAL cash receipts for the month      |       | _____    |
| 3. | Cash disbursements for the month       |       |          |
|    | Per attached list of disbursements     | _____ |          |
|    | Other                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | TOTAL cash disbursements for the month |       | _____    |
| 4. | ENDING checkbook balance (1+2-3)       |       | \$ _____ |

Payroll Account No. \_\_\_\_\_

- |    |  |       |          |
|----|--|-------|----------|
| 1. | BEGINNING checkbook balance            |       | \$ _____ |
| 2. | Cash receipts for the month            |       |          |
|    | Transfers from other Account           | _____ |          |
|    | Collection of accounts receivable      | _____ |          |
|    | Other                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | TOTAL cash receipts for the month      |       | _____    |
| 3. | Cash disbursements for the month       |       |          |
|    | Per attached list of disbursements     | _____ |          |
|    | Other                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | _____                                  | _____ |          |
|    | TOTAL cash disbursements for the month |       | _____    |
| 4. | ENDING checkbook balance (1+2-3)       |       | \$ _____ |

CASE NAME: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

CHAPTER 11  
RECEIPTS AND DISBURSEMENTS SUMMARY (EXHIBIT "B")

For month of \_\_\_\_\_, 199\_\_

Tax Account No. \_\_\_\_\_

- |    |  |       |    |       |
|----|--|-------|----|-------|
| 1. | BEGINNING checkbook balance            |       | \$ | _____ |
| 2. | Cash receipts for the month            |       |    |       |
|    | Transfers from other Account           | _____ |    |       |
|    | Other                                  | _____ |    |       |
|    | TOTAL cash receipts for the month      |       |    | _____ |
| 3. | Cash disbursements for the month       |       |    |       |
|    | Per attached list of disbursements     | _____ |    |       |
|    | Other                                  | _____ |    |       |
|    | TOTAL cash disbursements for the month |       |    | _____ |
| 4. | ENDING checkbook balance (1+2-3)       |       | \$ | ===== |

CASH SUMMARY - END OF MONTH  
ALL ACCOUNTS

Account No. or location

Petty cash	_____	\$	_____	
Operating account	_____			*
Payroll account	_____			*
Tax account	_____			*
Other accounts	_____			*
	_____			
	_____			
Total		\$	=====	

\*\* (should agree with 4. above)

**NOTE:** A copy of a bank statement from each bank account and a reconciliation between the statement and your checkbook must accompany this statement.

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**ATTACHMENT TO CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
**(EXHIBIT "C")**

For the Month of \_\_\_\_\_, 199

**LIST OF DISBURSEMENTS -OPERATING ACCOUNT**

Bank Account # \_\_\_\_\_

<u>CHECK NO.</u>	<u>DATE</u>	<u>TO WHOM</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
------------------	-------------	----------------	----------------	---------------

**TOTAL DISBURSEMENTS -This Page**

**TOTAL DISBURSEMENTS - All Pages (Should agree  
with 3. on Receipts and Disbursements  
Statement for this bank account)**

Page of

CASE NAME: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

CHAPTER 11  
ATTACHMENT TO CASH RECEIPTS AND DISBURSEMENTS STATEMENT  
(EXHIBIT "C")

For the Month of \_\_\_\_\_, 199

LIST OF DISBURSEMENTS -PAYROLL ACCOUNT  
Bank Account # \_\_\_\_\_

<u>CHECK NO.</u>	<u>DATE</u>	<u>TO WHOM</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
------------------	-------------	----------------	----------------	---------------

TOTAL DISBURSEMENTS -This Page

TOTAL DISBURSEMENTS - All Pages (Should agree  
with 3. on Receipts and Disbursements  
Statement for this bank account)  
Page of

CASE NAME: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

CHAPTER 11  
ATTACHMENT TO CASH RECEIPTS AND DISBURSEMENTS STATEMENT  
(EXHIBIT "C")

For the Month of \_\_\_\_\_, 199

LIST OF DISBURSEMENTS -TAX ACCOUNT  
Bank Account # \_\_\_\_\_

<u>CHECK NO.</u>	<u>DATE</u>	<u>TO WHOM</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
------------------	-------------	----------------	----------------	---------------

TOTAL DISBURSEMENTS -This Page

TOTAL DISBURSEMENTS - All Pages (Should agree  
with 3. on Receipts and Disbursements  
Statement for this bank account)  
Page of

**BANK RECONCILIATION**  
**(EXHIBIT "D")**

**CASE NAME:** \_\_\_\_\_

**BANK:** \_\_\_\_\_

**CASE NO.:** \_\_\_\_\_

**MONTH OF:** \_\_\_\_\_

Balance per bank statement

dated \_\_\_\_\_, 19\_\_\_\_

(1) \_\_\_\_\_

**Add:**

Deposits in transit

Total in transit (2) \_\_\_\_\_

**Total** (1) + (2) \_\_\_\_\_

**Less:**

Checks outstanding

Total outstanding (3) \_\_\_\_\_

Bank balance - reconciled (1) + (2) - (3) \_\_\_\_\_

(Will equal ending checkbook balance reported on Receipts and Disbursements Statement)

### CHECKS OUTSTANDING

Number	Amount	Number	Amount	Number	Amount
--------	--------	--------	--------	--------	--------

Total

**USE ONE FORM FOR EACH BANK ACCOUNT**

**ATTACH A COPY OF THE BANK STATEMENT TO THIS FORM**



CASE NAME: \_\_\_\_\_

CASE NO: \_\_\_\_\_

**CHAPTER 11**  
**BALANCE SHEET (EXHIBIT "E")**

As of \_\_\_\_\_, 199\_\_\_\_\_

**ASSETS:**

**Current:**

Cash on hand and in bank \$ \_\_\_\_\_

Accounts Receivable - Trade(1) \_\_\_\_\_

Less: Estimated Bad Debts ( \_\_\_\_\_ )

Receivables - Owners / Stockholders(2) \_\_\_\_\_

- Related companies (2) \_\_\_\_\_

- Related individuals (2) \_\_\_\_\_

Inventory \_\_\_\_\_

Retainer paid - cash \_\_\_\_\_

- non-cash \_\_\_\_\_

(Paid to \_\_\_\_\_

Paid on (date) \_\_\_\_\_)

Other prepaid expenses

Other assets (Itemize)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Long-term:**

Investments \_\_\_\_\_

Real estate \_\_\_\_\_

Buildings \_\_\_\_\_

Furniture, fixtures, and equipment \_\_\_\_\_

Less: Accumulated depreciation ( \_\_\_\_\_ )

Other long-term assets (Itemize)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

(1) Provide statement of aged accounts receivable on Exhibit "F".

(2) Provide statement of aged receivable on Exhibit "F".

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**BALANCE SHEET (EXHIBIT "E")**

As of \_\_\_\_\_, 199\_\_\_\_\_

**LIABILITIES AND STOCKHOLDERS' (OWNER'S) EQUITY:**

Liabilities not subject to compromise:

Post-petition:

**CURRENT**

Administrative (1)	\$ _____
Trade accounts payable (1)	_____
Payroll/sales/other taxes payable (2)	_____
Accrued expenses payable (Itemize)	_____
Other current liabilities (Itemize)	_____

**NON-CURRENT**

Notes payable - banks (Itemize)	_____
Notes payable - stockholders (owners)	_____
Notes payable - related companies or persons (not owners)	_____
Other	_____
Liab. subject to compromise (Itemize)	_____

Liabilities subject to compromise:

Pre-petition

Priority tax claims (Itemize)	_____
Secured claims (Itemize)	_____
Unsecured claims	_____
Notes payable - stockholders (owners)	_____
Other	_____

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**STOCKHOLDER'S / OWNER'S EQUITY:**

Common stock	\$ _____
Preferred stock	_____
Paid in capital	_____
Retained earnings	_____
Owners equity	_____

**TOTAL STOCKHOLDERS / OWNER'S EQUITY** \$ \_\_\_\_\_

**TOTAL LIABILITIES AND EQUITY** \$ \_\_\_\_\_

(1) Provide statement of aged payables on Exhibit "G".

(2) Provide statement of aged taxes payable on Exhibit "G".

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**STATEMENT OF AGED ACCOUNTS RECEIVABLE (EXHIBIT "F")**  
**Pre and Post Petition**

**As of** \_\_\_\_\_, 199\_\_\_\_\_

ACCOUNT NAME	TOTAL DUE	CURRENT (0-30 DAYS)	PAST DUE (31-60 DAYS)	PAST DUE (61-90 DAYS)	PAST DUE (91-120 DAYS)	PAST DUE OVER 120 DAYS
--------------	--------------	------------------------	--------------------------	--------------------------	---------------------------	---------------------------

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**CHAPTER 11**  
**STATEMENT OF AGED ACCOUNTS PAYABLES (EXHIBIT "G")**  
Post Petition Only

**As of** \_\_\_\_\_, 199\_\_\_\_\_

ACCOUNT NAME	TOTAL DUE	CURRENT (0-30 DAYS)	PAST DUE (31-60 DAYS)	PAST DUE (61-90 DAYS)	PAST DUE (91-120 DAYS)	PAST DUE OVER 120 DAYS
--------------	--------------	------------------------	--------------------------	--------------------------	---------------------------	---------------------------

**ATTACH SEPARATE STATEMENT OF TAXES PAYABLE TO THIS EXHIBIT IF APPLICABLE**

**EXHIBIT "H"**

**(INDIVIDUAL DEBTOR ONLY)**

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**CHAPTER 11**

**SUMMARY OF PERSONAL RECEIPTS AND PERSONAL DISBURSEMENTS  
FOR MONTH ENDING \_\_\_\_\_**

---

**PERSONAL RECEIPTS**

1. Wages, Personal Service Income \_\_\_\_\_

2. Gifts \_\_\_\_\_

3. Other (itemize) \_\_\_\_\_

TOTAL (should agree with  
total on Schedule H-1) \_\_\_\_\_

**PERSONAL DISBURSEMENTS**

1. Rent, House Payment \_\_\_\_\_

2. Groceries \_\_\_\_\_

3. Utilities \_\_\_\_\_

4. Automobile Expense \_\_\_\_\_

5. Medical Expense \_\_\_\_\_

6. Clothing \_\_\_\_\_

7. Insurance \_\_\_\_\_

8. Other (itemize) \_\_\_\_\_

TOTAL (should agree with total  
on Schedule H-2) \_\_\_\_\_

**EXHIBIT "H-1"**

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**CHAPTER 11**

**SCHEDULE OF PERSONAL CASH RECEIPTS  
FOR MONTH ENDING \_\_\_\_\_**

**(INDIVIDUAL DEBTOR ONLY)**

DATE	CASH RECEIVED FROM	RECEIVED FOR	AMOUNT
------	-----------------------	-----------------	--------

TOTAL PERSONAL CASH RECEIPTS (THIS PAGE) \_\_\_\_\_

TOTAL PERSONAL CASH RECEIPTS (ALL PAGES) \_\_\_\_\_

EXHIBIT "H-2"

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

CHAPTER 11

SCHEDULE OF PERSONAL CASH DISBURSEMENTS FOR  
LIVING EXPENSES FOR MONTH ENDING \_\_\_\_\_

(INDIVIDUAL DEBTOR ONLY)

---

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
-------------	-------------------------	--------------	--------------------	---------------

TOTAL PERSONAL CASH DISBURSEMENTS (THIS PAGE) \_\_\_\_\_

TOTAL PERSONAL CASH DISBURSEMENTS (ALL PAGES) \_\_\_\_\_



**U.S. Department of Justice**

*Office of the United States Trustee*

*Districts of Kansas, New Mexico  
and Oklahoma*

*Western District of Oklahoma  
215 Dean McGee Avenue  
Fourth Floor  
Oklahoma City, OK 73102*

*405-231-5950  
FAX/231-5958*

**NOTICE**

**CASE NAME:** ABC Company, Inc.

**CASE NUMBER:** 00-16531-BH

**TAXPAYER IDENTIFICATION NUMBER:** 73-1725469

**DISCLOSURE OF INTENT TO USE TAXPAYER IDENTIFICATION NUMBER  
FOR THE PURPOSE OF COLLECTING AND REPORTING DELINQUENT  
QUARTERLY FEES OWED TO THE UNITED STATES TRUSTEE PURSUANT  
TO 28 U.S.C. § 1930 (A)(6)**

Pleased be advised that, pursuant to the Debt Collection Improvements Act of 1996, Public Law 104-134, Title III §31001(i)(3)(A), 110 Stat. 1321-365, codified at 31 U.S.C. §3701, the United States Trustee intends to use the debtor's Taxpayer Identification Number ("TIN") as reported by the debtor or debtor's counsel in connection with the chapter 11 bankruptcy proceedings for the purpose of collecting and reporting on any delinquent debt, including chapter 11 quarterly fees, that are owed to the United States Trustee.

The United States Trustee will provide the debtor's TIN to the Department of Treasury for its use in attempting to collect overdue debts. Treasury may take the following steps: (1) submit the debt to the Internal Revenue Service Offset Program so that the amount owed may be deducted from any payment made by the federal government to the debtor, including but not limited to tax refunds; (2) report the delinquency to credit reporting agencies; (3) send collection notices to the debtor; (4) engage private collection agencies to collect the debt; and (5) engage the United States Attorney's office to sue for collection. Collection costs will be added to the total amount of the debt.



CHAPTER 11 QUARTERLY DISBURSEMENT AND FEE REPORT  
Information and Instructions

**AUTHORITY:** Chapter 11 bankruptcy quarterly fees are determined according to 28 U.S.C. § 1930(a)(6) as amended. Consult your attorney if you are in doubt as to whether the quarterly fees apply to your case.

**PENALTIES:** Failure to pay the quarterly fee is cause for conversion or dismissal of your case under 11 U.S.C. § 1112(b)(10). Filing a false report may subject you to civil liability under 31 U.S.C. § 3729(a)(7), and to criminal penalties under 18 U.S.C. § 1001 and § 1621.

**WHO MUST FILE:** Every case pending under Chapter 11 of the Bankruptcy Code that is subject to 28 U.S.C. § 1930(a)(6) must pay the quarterly fee. If a trustee has been appointed to serve in your case, give this report to the trustee to complete and submit. If your case is being jointly administered with another case or has been consolidated with another case for administrative purposes only, submit a separate quarterly report and fee for each case. If the court has ordered the case to be substantively consolidated (consolidated for all purposes), then only one report and fee are due for the quarter of filing. However, if substantive consolidation occurs during a quarter, the individual cases remain subject to the fee for that part of the quarter prior to the consolidation. Involuntary cases are not subject to the fee until relief is granted, and then the fee is payable retroactively to the filing date.

**WHEN TO FILE:** The report and fee are due on the last day of the calendar month following the calendar quarter for which the fee is owed starting with the quarter in which your case is commenced, and continue until and including the quarter in which your case is dismissed or converted to another chapter. Effective 1/27/96, cases with confirmed plans are subject to quarterly fees until dismissed, converted, or closed by the Court.

<u>Quarter Number</u>	<u>Quarter Months</u>	<u>Payment Due Date</u>
1	Jan, Feb, Mar	Apr 30
2	Apr, May, Jun	Jul 31
3	Jul, Aug, Sep	Oct 31
4	Oct, Nov, Dec	Jan 31

**FEE CALCULATION:** The fee due is based on disbursements made during the days of the quarter that the case is open, and is not prorated for a partial quarter. The minimum fee applies when there are no disbursements, and even if the case is open for only one day of the quarter. If your case was filed after the start of the quarter, include only the disbursements made since the filing date. If your case was closed before the end of the quarter, include only the disbursements made before the closing date. Use the following schedules to determine the fee due:

SEE ATTACHED "NOTICE"

NOTE: If your case was confirmed, dismissed, or converted on or before 12/26/91, use the fee due schedule for the quarters 4th/86-3rd/91 for the 4th quarter of 1991.

**QUARTERLY DISBURSEMENTS AND FEE REPORT FORM COMPLETION:** Enter your Chapter 11 10-digit account number. The UST code is a 3-digit number (for example, Los Angeles is 732). If you do not know the UST code for your court, contact your local U.S. Trustee office. Enter the next 2 digits for the year your case was filed (1996 = 96). The last 5 digits are for the individual case number assigned by the court (add zeros in front if necessary to make a total of 5 digits; do not include any letters added to the number by the court). Enter the payment information on a separate line for each quarter for which a payment is enclosed. Do not write payment information regarding payments previously made. The total of the check(s) you are now sending must equal the total of what you have entered in the "payment enclosed" boxes.

**SENDING YOUR PAYMENT:** Make your check payable to: U.S. Trustee.  
Write your account number on the face of your check.

Send only your payment and the Quarterly Disbursements and Fee Report form to: U.S. Trustee Payment Center, P.O. Box 198246, Atlanta, GA 30384. The payment center only deposits and credits your payment; it is not a U.S. Trustee office. If you are not sending a payment, or are sending other papers such as your monthly financial reports, send this material to your local U.S. Trustee office address.

Office of the United States Trustee  
Return Address

09-Oct-96

Phone Number

Debtor or Debtor's Counsel  
Address

Account Number: xxx-xx-xxxxx

---

### Notice Concerning Changes in Chapter 11 Fee Schedule

---

H.R. 3610, signed into law on September 30, 1996, (Public Law 104-208), amends the Chapter 11 fee schedule based on quarterly disbursements that is set forth at Title 28 United States Code, Section 1930(a)(6). The law increases the maximum quarterly fee and creates finer distinctions in the fee categories, resulting in increases for some categories.

The new quarterly fee schedule, displayed below, took effect September 30, 1996, upon the enactment of Public Law 104-208. It applies to quarterly fees beginning with the fourth quarter of calendar year 1996.

<u>Chapter 11 Quarterly Fees Based on Disbursements</u>	
Disbursement Range	Amount
Less than \$15,000.00 . . . . .	\$250
\$15,000.00 - \$74,999.99 . . . . .	\$500
\$75,000.00 - \$149,999.99 . . . . .	\$750
\$150,000.00 - \$224,999.99 . . . . .	\$1,250
\$225,000.00 - \$299,999.99 . . . . .	\$1,500
\$300,000.00 - \$999,999.99 . . . . .	\$3,750
\$1,000,000.00 - \$1,999,999.99 . . . . .	\$5,000
\$2,000,000.00 - \$2,999,999.99 . . . . .	\$7,500
\$3,000,000.00 - \$4,999,999.99 . . . . .	\$8,000
\$5,000,000.00 and above . . . . .	\$10,000

The Quarterly Disbursement and Fee Report will be mailed to you at the end of December. Payments will be due approximately 30 days following receipt of that report.

Case Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Ch. 11 ten-digit Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Court Location: City & State

Mail this form and your payment to:  
U.S. Trustee Payment Center  
P.O. Box 198246, Atlanta, GA 30384

Amount Enclosed: \$ \_\_\_\_\_

☐ Completed at U.S. Trustee Office

by \_\_\_\_\_

\_\_\_\_\_  
Date Mailed

\_\_\_\_\_  
Debtor Signature \*

\* I certify under penalty of perjury that to the best of my  
knowledge this report is correct.

UST 11A 2/97

cut here ..... cut here

Case Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Ch. 11 ten-digit Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Court Location: City & State

Mail this form and your payment to:  
U.S. Trustee Payment Center  
P.O. Box 198246, Atlanta, GA 30384

Amount Enclosed: \$ \_\_\_\_\_

☐ Completed at U.S. Trustee Office

by \_\_\_\_\_

\_\_\_\_\_  
Date Mailed

\_\_\_\_\_  
Debtor Signature \*

\* I certify under penalty of perjury that to the best of my  
knowledge this report is correct.

UST 11A 2/97

cut here ..... cut here

Case Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Ch. 11 ten-digit Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Court Location: City & State

Mail this form and your payment to:  
U.S. Trustee Payment Center  
P.O. Box 198246, Atlanta, GA 30384

Amount Enclosed: \$ \_\_\_\_\_

☐ Completed at U.S. Trustee Office

by \_\_\_\_\_

\_\_\_\_\_  
Date Mailed

\_\_\_\_\_  
Debtor Signature \*

\* I certify under penalty of perjury that to the best of my  
knowledge this report is correct.

UST 11A 2/97

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

In Re:

)  
)  
)  
)  
)

CASE NO. \_\_\_\_\_

CHAPTER 11 POST CONFIRMATION REPORT  
MONTHLY DISBURSEMENT STATEMENT

FOR THE MONTH ENDED: \_\_\_\_\_

SUMMARY OF DISBURSEMENTS:

A.	Total Monthly Disbursements:	\$	
B.	Less: transfers between accounts: (see note below)	< \$	>
			_____
	Net Disbursements	\$	
			=====

NOTE: ALL POST-PETITION DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSE OF CALCULATING THE QUARTERLY FEES. DISBURSEMENTS WHICH TRANSFER FUNDS BETWEEN DEBTOR ACCOUNT(S) ARE TO BE EXCLUDED IN THIS MONTHLY CALCULATION.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Title

**In re:**

## BK-Chapter 11

1. Close all existing bank accounts.
2. Within 3 days of the date of this document the debtor shall open a Debtor-in-Possession bank account at an authorized depository or bank willing to become an authorized depository. Checks on the Debtor-in Possession account shall be imprinted with the words "Debtor-in Possession" and the bankruptcy case number. The debtor shall provide the United States Trustee ("UST") a voided sample of the new checks.
3. Send to the UST proof of all policies of insurance.
4. Submit the initial report by \_\_\_\_\_.
5. Submit financial operating reports by the \_\_\_\_ day of each month. File the original with the Clerk of the Bankruptcy Court and contemporaneously deliver a copy of each report to the UST.
6. The first financial operating report will be due \_\_\_\_\_, for the period ending \_\_\_\_\_.
7. Remain current in the payment of all post-petition taxes and other payable obligations including UST quarterly disbursement fees.
8. File Schedules and the Statement of Financial Affairs by \_\_\_\_\_ or obtain an extension for filing prior to that date.
9. Become familiar with the "Guidelines for Chapter 11 Debtors-In-Possession."
10. Debtor must attend the meeting of creditors scheduled for \_\_\_\_\_.

The undersigned representative responsible for discharging the duties of the Debtor in the above styled and numbered case acknowledges receipt from the UST of these obligations and operating requirements including a copy of the "Guidelines for Chapter 11 Debtors-In-Possession." The undersigned hereby certifies that he or she has read and understands the contents therein, and agrees to operate the Debtor's business and file reports in accordance with the stated requirements.

DEBTOR-IN-POSSESSION

Date: \_\_\_\_\_

By: \_\_\_\_\_

Regarding administrative matters, such as monthly operating reports, payment of quarterly fees, proof of insurance, and the like, counsel for the debtor authorizes the UST personnel, to insure compliance with the requirements and to resolve questions, to directly contact the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

The undersigned as legal counsel for the Debtor has read and reviewed with the Debtor the above operating instructions and reporting requirements.

\_\_\_\_\_  
Counsel for the Debtor, OBA # \_\_\_\_\_

Telephone Number: \_\_\_\_\_